

FEE: \$10.00

Payable To:
State of New Hampshire

HELP LINE TDD ACCESS:
RELAY NH 1-800-735-2964

State of New Hampshire

Department of State

Corporate Division
Concord Tel. 603-271-3244

Location: State House Annex - 3rd floor
Mailing Address: Corporate Division, Department of State
107 North Main St., Concord, NH 03301-4989

CERTIFICATE OF WITHDRAWAL IN MEMBERS USING TRADE NAME

Be it known that: **(PLEASE TYPE OR PRINT CLEARLY)**

Name of Owner(s) Withdrawing	No. & Street	City/Town	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

doing business under the trade name

_____ (Business Name)
at (Business Address) _____
(No.) (Street) (City/Town) (State) (Zip)

has/have withdrawn from said trade name effective _____.
(month / day / year)

The owners now comprising the trade name are (if more space is needed, attach additional sheet[s]):

Name of Owners	No. & Street	City/Town	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signed: (must be signed by *all withdrawing and remaining owners*)

Signature

Signature

Signature

Signature

Signature

Signature

Print or type name

Print or type name

Print or type name

Print or type name

Print or type name

Print or type name

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